

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: Notice Of Ineligibility - Initial Application

Dear: \_\_\_\_\_

Thank you for your application and your interest in the Section 8 Rental Assistance Program.

It appears from the information you provided on the initial application that you do not meet the program eligibility requirements because:

( ) Your total annual household income would put you over the program limits.

Therefore, we cannot process your application.

You have a right to appeal this decision within 10 working days from the date of this notice. To request an informal meeting to assess your situation, write to our office at the address listed.

Sincerely,

Housing Agency Representative